

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
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49	/					
50	4					
TOTAL IND.	45					
TOTAL DEP.						
TOTAL CLAIMS	49					

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL DEP.						
TOTAL CLAIMS						